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** CONTINUING DATA ***** NONE					
** FOREIGN APPLICATIONS ***** NONE					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/10/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>PS</i> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
ADDRESS 22879					
TITLE Network controller					
FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		